

F20000001932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

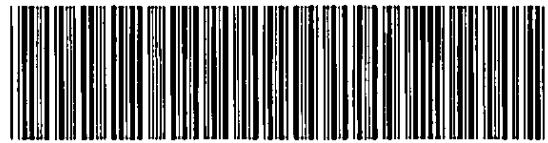
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 24 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Animo Ventures I GP

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ines Morales

Name of Person

PAG.LAW PLLC

Firm/Company

600 Brickell Ave, Suite 1725

Address

Miami, FL 33131

City/State and Zip code

ines@pag.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ines Morales

at (786) 292 1599

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Animo Ventures I GP Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Cayman Islands 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/16/2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5935 N.E. 6th Court, Miami, FL 33137
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nicolas Berardi

Office Address: 5935 NE 6th Court,
Miami, Florida 33137
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Nicolas Berardi
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

☐ Chairman Name: Nicolas Berardi

☐ Vice Chairman Address: 5935 N.E. 6th Court, Miami, FL 3

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Nicolas Berardi
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Nicolas Berardi, Director
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
NOTARIES FILING

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Certificate of Existence

I, **MELANIE E. RIVERS** Assistant Registrar in and for the Cayman Islands,
DO HEREBY CERTIFY the information provided below for:-

Animo Ventures I GP

Registered Office : *INTERNATIONAL CORPORATION SERVICES LTD*
P. O. Box 472
Harbour Place, 2nd Floor, North Wing,
103 South Church Street,
George Town
GRAND CAYMAN KY1-1106
CAYMAN ISLANDS

Registration Date: *16th January 2018*
Type : *EXEMPT*
Company Number: *331698*
Status: *ACTIVE*

TRAVERS THORP ALBERGA
ATTORNEYS-AT-LAW
P.O. Box 472, Harbour Place, 103 South
Church Street, Grand Cayman KY1-1106
CAYMAN ISLANDS
Tel: (345) 949-0699 • Fax: (345) 949-8171

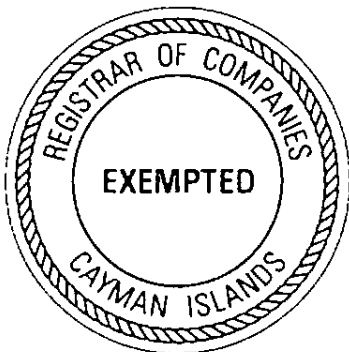
CERTIFIED TO BE A TRUE AND
CORRECT COPY OF THE ORIGINAL

TRAVERS THORP ALBERGA
ATTORNEYS-AT-LAW

J. NATHAN TURNHAM

12 MARCH 2020

Given under my hand and Seal at George Town in the
Island of Grand Cayman this 10th day of March
Two Thousand Twenty



Assistant Registrar Of Companies
Cayman Islands

Authorisation Code : 672398617759
www.verify.gov.ky
10 March 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2020

INES MORALES
PAG LAW PLLC
600 BRICKELL AVE., SUITE 1725
MIAMI, FL 33131

SUBJECT: ANIMO VENTURES I GP
Ref. Number: W20000034522

We have received your document for ANIMO VENTURES I GP and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Foreign Profit Corporation, but your entity is a Partnership. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 020A00007182

RECEIVED

APR 22 2020